



# ROYAL COMMISSION

## INTO DOMESTIC, FAMILY AND SEXUAL VIOLENCE

### PERSONAL LIVED EXPERIENCE – SUBMISSION

#### I give consent for the following:

To use my submission for relevant commission publication.

To be contacted about the details of my submission for further discussion.

I am also willing to participate in any further engagement opportunities with the commission.

#### Introduction

I'm a young mother in my early [REDACTED]. I live in rural South Australia. I am from a culturally diverse background, my mother from the [REDACTED] and my father is [REDACTED] - [REDACTED]. I was born in the [REDACTED] and arrived in Australia with my mother when I was [REDACTED]. I am a victim-survivor of childhood sexual assault. I am a victim-survivor of domestic and sexual violence in my adulthood, and my children are victim-survivors of family violence. One of my children in the most recent years made a disclosure of sexual abuse perpetrated by their father, which was investigated by DCP and SAPOL with no findings of abuse substantiated, and the case closed by DCP and SAPOL. I have experience with DCP, CPS, SAPOL and the South Australian legal system (family law court), regarding my child's abuse allegations and parenting orders. My children and I have undergone counselling on and off regarding the trauma.

I am currently working on publishing two books, ones based off my lived experiences of domestic, sexual and family violence and the other is a poetry book – I used to write as a way of trying to understand the abuse I was experiencing. My intention for publishing the books is for the public to read them and if they recognise the signs in their own relationship or in the relationships of people around them, then they can be guided to seek professional help. **I believe in recognising the signs, understanding what abuse is and doing something about it.**

I don't think society takes domestic violence, family violence or sexual violence seriously because regardless of what the statistics say, there's this preconception that these things are 'isolated' incidents, that they only happen to certain types of people. It's not viewed as an occurrence like illness or a tragic loss, that can happen to anyone but rather 'those things don't happen to us.'

I have this theory that it's easier for society to view 'misfortunes' as something that can happen to anyone, because it's widely talked discussed. For example, everyone knows someone who's died in a car accident, everyone knows someone who experienced a tragic illness like cancer, but not everyone knows someone who's experienced domestic violence, sexual violence or family violence – **not because people don't experience it but because people don't openly talk about their experiences of violence.** A classroom of students might know of a teacher who got sick, but they don't know about the teacher whose husband almost murdered her. Even though in both circumstances, there's a victim, only one carries shame.

Society doesn't know how to have the conversation. **We know what to say to a person grieving, what do we say to someone whose experience isn't over?** With illness or death, there's an outcome – whether it be positive or negative. **Experiencing domestic, family or sexual violence doesn't end because it's not something that can be recovered from.** How can society say, 'I'm sorry, there will be no end to the suffering that you will carry for the rest of your life'?

**Questions and responses outlined in the issues paper:**

**1. What causes domestic, family and sexual violence?**

I have a belief that insecurities and low self-worth are contributors to wanting to assert control over another person, control being the underlying factor in all types of relationship violence. I think pleasure and control can go hand in hand, it's nice to feel good, to feel pleasure and pleasure is something a person may have control over. We can't always control our sadness, but we can seek pleasure, whether it be through eating chocolate or to the extremes of coercing someone to do something for us; both scenarios contribute to experiencing pleasure.

Men's entitlement to having access to a woman, it's the complete disregard and recognition that women are human beings who have equal human rights to men. I think the old-fashioned belief that 'women are to be seen not heard, women belong in the kitchen, a woman's purpose is to serve her man' is still strong in our generation. It's men on social media who go viral for making videos about their opinion of women, men and relationships. E.g. Andrew Tate.

**2. What works, or will work, to prevent domestic, family and sexual violence?**

I'm a firm believer in early intervention and recognising the signs of abuse early on. Educating our children on what safe behaviours are and what things they should look out for is important. I think being capable of identifying emotions is critical to be taught to young children. We now teach children about 'tricky people' instead of 'stranger danger' because research has shown us that abuse is more likely to be perpetrated by people we know and not strangers.

Along with that I think we should be teaching children how to identify emotional and to understand what their feeling. Some children can't explain how they feel they're in danger or being harmed because they can't identify the emotions they're feeling, yet they may be showing symptoms of abuse without understanding the reasons behind it, so when questioned about their emotions, they can't put two and two together and neither can the person doing the questioning because they need to rely on what the child said even if the symptoms don't correlate.

**3. What existing initiatives are directed at addressing the attitudes and systems that drive domestic, family and sexual violence? Are they effective?**

I honestly couldn't tell you, when I think of initiatives addressing the issues the only thing that comes to my mind is – what initiatives? The ones where people within services have flow charts to follow and boxes to tick to make sure they can document they did their job right? Because those initiatives feel less like support and more like, oh here is another thing for me to go and do, oh I have to go through all this shit again to see if maybe I might get support and if this one service doesn't work then I have 5 others I can try but that requires having the ability to access further resources, the time to and the mental/emotional capacity to do so.

**4. What systems, including systems outside of government, receive information which may allow for the identification of individuals who are at high risk of experiencing or perpetrating domestic, family and sexual violence?**

This is a difficult challenge to tackle, I believe because especially with situations where coercive control (which is present in every type of violence against women) is dominant, the harm or concern for safety isn't present until the risk of harm escalates. Many signs of abuse can easily be explained away because they might not always be harmful, which is why it can go unnoticed until there's a pattern of behaviour over a period. The abuse needs to get worse before it gets noticed, otherwise it doesn't get noticed and either it escalates and then steps can be taken, or significant harm occurs and it's too late for the victim to receive help because their life has been taken.

**5. What is needed to allow for this information to be used by government and specialist domestic, family and sexual violence services?**

It might be time consuming, but I think researching the common denominators in cases of domestic, family and sexual abuse can offer an insight into the minds of perpetrators. Interviewing the perpetrators will also be of benefit. I believe the information received through these methods may provide answers as to how to recognise indicators of risks of abuse, like why/how it's known that on average it takes women 7 times to leave before she never goes back, or that men who have access to guns and men who choke, strangle or suffocate women are more likely to kill their partner.

I know there's stats on abuse victims, who's predisposed to experience it and how much a person's upbringing has to do with it all, etc. but there's not enough behind on the **why men choose to abuse**. Because there are people who have experienced the same or similar childhoods, that choose not to abuse.

**6. What interventions should be considered to manage the risk of a person who is identified as being at high risk of experiencing or perpetrating domestic, family and sexual violence?**

Early intervention, in the form of early education on the topic of abuse, how to recognise the signs and what to do is needed **before** there is even a risk identified. This allows educated opinions to be formed, informed actions taken, and preventative measures can be put in place.

Why are we letting domestic, family and sexual violence get to the point that there's even a risk identified? Yes, I understand it's unrealistic to think it's possible to eliminate risk altogether but with early education and early intervention, we're already reducing the possibility of risk from occurring in the first place. Not, oh crap there's risk – quick we better do something about it now.

**7. What are the barriers to reporting domestic, family and sexual violence to police or seeking support from domestic, family and sexual violence services?**

*There's that fear or not being believed and then there's the fear of being believed.*

Personally, for me I didn't want to believe it was happening to me. I could see it clear as day happening to other people close to me, but I played a part in my own delusion that no way could it be me. I didn't want to be a victim; I didn't want my life to change – which I knew it would if I acknowledged the situation and it did change once I accepted it. I went from friends mentioning their concerns, to telling my psychologist what my friends had said and her having agreed with them and suggesting that I speak with a specialist domestic violence service, which I did and on my first appointment was told I was experiencing domestic violence. I was still in denial at this point, and the dv social worker encouraged me to speak to sapol and I did, I arranged a time to see a dv/fv officer that worked in my local dv/fv unit. I initiated this contact with the intention of being able to tell everyone in my life that was concerned, that the sapol officer said there was nothing to worry about, because in my head sapol was the end of the line for enquiry for me. If sapol said there's no concern, then I would be validated in my delusion and the nightmare would go away, I wouldn't have to face my reality and the whole thing would end.

it wasn't until the officer had said the words 'I'm concerned about you, and I'd like you to continue to come back in' that it all sunk in. much like an addict, I had to accept there was a problem before I could face it and do something about it.

**8. What are the elements of a best practice crisis response which will meet the needs of:**

**a. a victim-survivor?**

Trauma informed training across all community-based services.

**b. a victim-survivor who is a child?**

The child's emotional needs, need to be met before anything else – unless medically necessary. The child needs to be in the continuous care/support of the person they feel closest to. Removing or distancing a child from their person, is detrimental to their wellbeing.

**c. a perpetrator (acknowledging that one need is to hold a perpetrator to account for their use of violence)?**

The ability to have intervention orders placed even after 6weeks, because risk can still occur even if there's been no contact/threats within that timeframe. There is evidence to support risk still having been present and for abuse to occur after periods of no contact.

**9. What are the elements of a best practice health response?**

Those without trauma-based training should not be able to assess a person who's at risk of or has experienced some type of abuse. The inadequate response from someone in the health care field can prevent appropriate authoritative action from being taken and or the victim continuing to receive the help they need, because one wrong interaction can have the person entirely shut down.

**10. What are the elements of a best practice police response?**

An officer with trauma-based training and one that sticks to the facts of the situation. I find knowing the facts is what kept me grounded, even though I was still feeling unsafe or unsure, I still felt my feet on the ground and less in my head or in my emotions.

I was lucky enough in my experiences to have both an officer and detective show genuine concern. Both went out of their way to continuously check in on me and ask for updates in my life. This simple action helped me get through each passing moment. It put to rest the thoughts of 'no one believes me'.

**11. What are the elements of a best practice justice system response?**

The entire 'justice' system needs an entire overhaul. I remember my dv social worker saying 'we don't have a justice system, we have a legal system' and I didn't understand what she meant until I went through the family courts.

Riddle me this, why is it when a person experiences a significant medical episode that there's a team of professionals on board all with different specialised areas, that all work together to find the best outcome for the patient.

But when a person experiences an act of abuse perpetrated against them, there's no team of specialised professionals working together to find the best outcome for the patient (victim in this scenario) but rather, it's a matter of who presents the best case to the judge. Why are we leaving this up to people choosing what to/how to present to a judge? Why are all professional that have been involved not having all parts of their independent findings considered and only parts having been presented? Any team or collaboration of independent views get thrown out the window, because it becomes 'my client claims abuse vs my client denies the allegations' and not, these are the full findings and not just carefully selected subpoenaed documents.

This practice does not support the narrative that is 'the justice system works in the best interest of....' **The presumption of innocence until proven guilty also puts women and children in risk of harm - tell me how it's still a fair trial/result when *the justice system is set up to legally allow perpetrators to abuse.***

**12. Taking into account your response(s) to questions 8 to 11, which elements are already in place in the domestic, family and sexual violence systems in South Australia?**

While I've experienced positive/supportive responses from those in the mental health field and within sapol, I just believe I got lucky, the services and systems are in desperate need of more people in the position of power to undergo trauma informed training.

**13. Acknowledging that every victim-survivor will have different needs depending on their personal circumstances, are there universal needs that will arise for all victim-survivors?**

Not to place anyone in any position of power, be it police, health care or mental health services, lawyers, barristers or judges, unless they have conducted specialised and comprehensive trauma informed training on the topic of family, domestic and sexual violence.

The retelling of events is something all victim-survivors would face, and I believe there is a solution to minimise this. I think victim-survivors would truly benefit from a universal system, where their case is uploaded on a system/portal for all relevant people involved to have access to, one that is managed or over seen by a case worker. I believe this will assist in the person not having to continuously share their story with different people (reliving the trauma) and it prevents services from 'gatekeeping' information from each other because a 'professional' might not deem a particular piece of information as being 'relevant or important' when in fact, it is/was. I think this method allows for the professionals to work as a team and not against each other. I also think a lot of time is wasted trying to 'chase up' information from people, because it should all be available on the system. The only need for chasing up would be for further context or clarification on a matter.

**14. What are the best practice approaches to supporting a victim-survivor to recover from trauma and the mental, physical, emotional and economic impacts of violence?**

On top of the mental and physical aspects, financial stability and security is a big one. I believe financial support in the form of bills being directly paid to the biller and not to the individuals bank account, this reduces the chance of the person spending in a manner that is not beneficial to their financial situation but so that their basic needs are still being met. E.g. rent paid for 3 months directly into the account of the real estate, water or electricity bills being paid or partially covered for 3-6 months. This provides the relief of basic human needs, where a person has little to no control over the cost. Food items can be accessed from various avenues (foodbanks, choosing cheaper brands over name brands etc.) and transport methods can be altered, fuel vouchers, public instead of private transport etc.

**15. Taking into account your response to question 14, what best practice approaches are already in place in the domestic, family and sexual violence systems in South Australia?**

I think there's a lot of community support services that collaborate/network with each other, which enables them to connect their clients or people accessing the service to other services if they cannot provide that kind of support.

I think there should be more focus on how this is done. Receiving multiple leaflets on services that might be available to me, is overwhelming but also disheartening when reaching out to a service only to come find out that it's an irrelevant service to my needs.

Feeling like I need to manage the steps to my healing is difficult when trying to just gather my thoughts alone feels so mentally exhausting. There were times I didn't know how to communicate what I needed, because I didn't know what I needed, all I knew was that I wanted someone to do it for me so all I had to do was show up.